

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 8 6 5 1 0 0 0 5	Manifest Document No.	2. Page 1 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Douglas Aircraft Co. 190th & Normandie Torrance, CA 90502			A.State Manifest Document Number 84924384			
4. Generator's Phone 533-6677			B.State Generator's ID			
5. Transporter 1 Company Name J. C. Liquid Waste Disposal			C.State Transporter's ID 64150			
6. US EPA ID Number C A D 0 5 8 0 1 8 3 6 7			D.Transporter's Phone 213 268-3137			
7. Transporter 2 Company Name			E.State Transporter's ID			
8. US EPA ID Number			F.Transporter's Phone			
9. Designated Facility Name and Site Address Triple J 3650 E. 26th St. Vernon, CA			G.State Facility's ID			
10. US EPA ID Number C A T 0 8 0 0 3 3 6 8			H.Facility's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
a. Hazardous waste liquid NOS ORM-E NA9189		001	TT	05000	G	221
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above Alkaline Soap 5% Grease 2% Oil 3% Water 90%			K.Handling Codes for Wastes Listed Above 01			
15. Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. If rejected, return to DAC						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name Donald C. Gerber			Signature sb Donald C. Gerber		Date Month Day Year 09/11/86	
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature Adell Carter		Date Month Day Year 09/11/86	
Printed/Typed Name Adell Carter			Signature Adell Carter		Date Month Day Year 09/11/86	
18. Transporter 2 Acknowledgement of Receipt of Materials			Signature		Date Month Day Year	
Printed/Typed Name			Signature		Date Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Lambert Ding for Triple J			Signature Lambert Ding		Date Month Day Year 09/11/86	

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4. Generator's Phone (533-6677)		6. US EPA ID Number		B.State Generator's ID		
5. Transporter 1 Company Name		7. US EPA ID Number		C.State Transporter's ID		
J. C. Liquid Waste Disposal		C A D 0 5 8 0 1 2 3 6 7		D.Transporter's Phone		
7. Transporter 2 Company Name		8. US EPA ID Number		E.State Transporter's ID		
9. Designated Facility Name and Site Address		10. US EPA ID Number		F.Transporter's Phone		
Triple J 3650 E. 26th St. Vernon, CA		C A T 0 8 0 0 3 3 6 8		G.State Facility's ID		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. Hazardous waste liquid NOS ORM-E NA9189		001	TT	05000	G	221
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above		K.Handling Codes for Wastes Listed Above				
Alkaline Soap 5%						
Grease 2%						
Oil 3%						
Water 90%						
15. Special Handling Instructions and Additional Information						
Guide #31 Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. If rejected, return to DAC						
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Printed/Typed Name		Signature		Date		
Donald C. Gerber		sb		09/10/86		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Date		
H. C. Gerber 589-7		Adrian G. B.		09/17/86		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Date		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name		Signature		Date		
				Month Day Year		